

Griffin School District #324
APPLICATION FOR USE OF SCHOOL FACILITIES

Group Making the Request: _____

Address: _____

Contact Person #1: _____ Contact Number 1: _____

Email Address #1: _____

Contact Person #2: _____ Contact Number 2: _____

Email Address #2: _____

Event, Meeting, Course, etc. _____

Approx. # Attending: _____ Approx. # of Griffin Students _____ Open to the public: Yes No

Is there a charge for people attending? Yes No if yes, how much per person? _____

Facilities Desired (gym, classroom, etc.): _____

Start Date Desired: _____ End Date Desired: _____

Day of the Week Preferred:

M T W T F S S Time (s): _____

M T W T F S S Time (s): _____

M T W T F S S Time (s): _____

M T W T F S S Time (s): _____

This section to be filled out by District Office Administration

FEES:	Cost Per Hour	Hours	Total
<input type="checkbox"/> Category 1: (No Charge/In-house School Related)	\$/Per Hour _____	_____	_____
<input type="checkbox"/> Category 2: (No Charge/School Sponsored)	\$/Per Hour _____	_____	_____
<input type="checkbox"/> Category 3: (Non-School Related/Cost Recovery)	\$/Per Hour _____	_____	_____
<input type="checkbox"/> Category 4: (Fee & Cost Recovery)	\$/Per Hour _____	_____	_____
<input type="checkbox"/> Category 5: (Commercial Rate/Cost Recover)	\$/Per Hour _____	_____	_____
<input type="checkbox"/> Category 6: (District Play Fields/Cost Recovery)	\$/Per Hour _____	_____	_____
<input type="checkbox"/> Cost Recovery Fee (Custodial 3 Hour Min.)	\$/Per Hour <u>\$30.00</u>	_____	_____
<input type="checkbox"/> Cost Recovery Fee (Garbage Fee Flat Fee)	Flat Fee <u>\$68.00</u>	_____	_____

Notes:

Fee Waived	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fees Assessed/Due	\$ _____
Fees Paid	\$ _____
Receipt #	# _____

Insurance proof required? Yes No Certificate #: _____

Proof of insurance in the amount of at least \$500,000 must be presented prior to use of the facility if the superintendent considers the activity hazardous or if facility is being used by a private/for profit organization.

Applicants for use of school facilities may be required to maintain accident and liability insurance for persons using district facilities under the applicant's sponsorship in an amount not less than \$50,000 due to bodily injury or death of one person or at least \$100,000 due to bodily injury or death of two or more persons in any incident. If use of the district's facilities is to be ongoing, the applicant shall provide evidence to the district once every thirty days that the insurance remains in effect.

Signature of Applicant, Date

Approving Administrator, Date

Griffin School District #324
EQUIPMENT NEEDS FORM - USE OF SCHOOL FACILITIES

Function: _____ Date: _____

Contact Person: _____ Phone: _____

Set up time: _____ Time of event: _____

Desired Rooms:

- _____ Gym
- _____ Kitchen
- _____ Use of Facilities in the Kitchen (See attached form)
- _____ Cafeteria
- _____ Library
- _____ Music Room
- _____ Classroom (Room # _____)
- _____ Classroom (Room # _____)
- _____ Classroom (Room # _____)
- _____ Classroom (Room # _____)
- _____ Classroom (Room # _____)
- _____ Classroom (Room # _____)
- _____ Classroom (Room # _____)
- _____ Other: _____

Keys Needed Area:

- _____ Gym
- _____ Kitchen
- _____ Music Room
- _____ Library
- _____ Custodial
- _____ Dogging Keys
- _____ Light Key
- _____ Staff Key
- _____ Gate Key (Maintenance)
- _____ Gate Key (Loading Dock)
- _____ MS Security Gate
- _____ Security Key Card

Indicate what items you will need:

- | | |
|---------------------------------------|------------------------------------|
| _____ Custodial Services (Hrs: _____) | _____ Stage |
| _____ Extra garbage cans (# _____) | _____ PA system |
| _____ Garbage can liners | _____ Exterior lights |
| _____ Use of dumpster | _____ Piano |
| _____ Extension cords (# _____) | _____ Flags |
| _____ Ladders | _____ Bleachers _____ out _____ in |
| _____ Library tables (# _____) | _____ TV/VCR/DVD |
| _____ Lunch tables (# _____) | _____ HVAC |
| _____ Chairs (# _____) | _____ Other _____ |

Specific Set up Information: _____

